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CONFIRMATION NO. 8510

<b>SERIAL NUMBER</b> 10/816,591	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> NHL-NP-46
<b>APPLICANTS</b> Laura Fuertes-Lopez, Madrid, SPAIN; Marcos Timon-Jimenez, San Lorenzo De El Escorial, SPAIN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/DE02/03799 10/02/2002				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 101 48 732.0 10/02/2001 GERMANY 101 56 679.4 11/12/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/04/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> NILS H. LJUNGMAN, ESQUIRE NILS H. LJUNGMAN & ASSOCIATES P.O. BOX 130 GREENSBURG, PA15601-0130				
<b>TITLE</b> DNA expression construct for the treatment of infections with leishmaniasis				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	